ENDING HOMELESSNESS IN MICHIGAN
2015 ANNUAL REPORT

A PLACE TO CALL HOME

In 2015, Michigan decreased homelessness by six percent and veteran homelessness by 15 percent, based on the literal homeless count. We accomplished this by investing in permanent housing programs and targeting housing assistance to those most in need.

The 2015 Annual Report is a testament not only to the hard work of service providers that succeed every day in providing care, but it is also a story of how change is possible at all levels within our system: change with shifting from crisis services only to a coordinated system that places housing as the primary solution; where families with children, unaccompanied youth, Veterans and the disabled move quickly out of homelessness; and where people who are near death due to living outside for years receive care and stabilize.

Michigan will continue to embrace change that improves our system, and in doing so we will succeed at preventing and ending homelessness.

Kelly Rose

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MSHDA Chief Housing Solutions Officer

Chair, Michigan Interagency Council on Homelessness

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EXPERIENCING HOMELESSNESS
IN MICHIGAN

To provide the best services to end homelessness in Michigan, we need to fully understand the scope of the issue. Every community and local homeless service systems (Contiuums of Care) enter data on the Michigan Statewide Homeless Management Information System (HMIS). This system captures data from over 500 homeless service agencies located in all 83 counties. The system, however, does not capture all homeless persons, primarily those being served in domestic violence shelters. In 2015, "participating" agencies captured detailed information for 82,952 persons of which, 57,386 were Category 1 Homeless (literally living in shelters and on the street) and 25,566 were Category 2 Homeless (documented eviction and no place to go). This accounts for approximately 83% of the estimated total homeless population of 99,975.

Domestic violence shelters providers are not allowed to participate on the Michigan Statewide Homeless Management Information System, however, Continuums of Care across the state conduct an annual "Point in Time" count to estimate the total homeless including those served by agencies that enter data on this system and those served by non-participating agencies, primarily those serving domestic violence survivors. In 2015, those not counted in the system were estimated to equal 17,023 persons. HMIS coverage rate is the percentage of the total homeless population captured in HMIS. The 2015 coverage rate of 83% reflects an increase of 5% from 2014. Growth in coverage largely resulted from continuing efforts by Housing Assessment and Resource Agencies (HARAs) across the state to engage all individuals experiencing homelessness, including those being served by non-participating agencies.

HUD Homeless Category	HMIS Count	Estimate of those not counted in HMIS	Total
Category 1 - Literal homeless	57,386	11,777	69,163
Category 2 - Imminently at risk	25,566	5,246	30.812
Total	82,952	17,023	99,975

The Key Programs

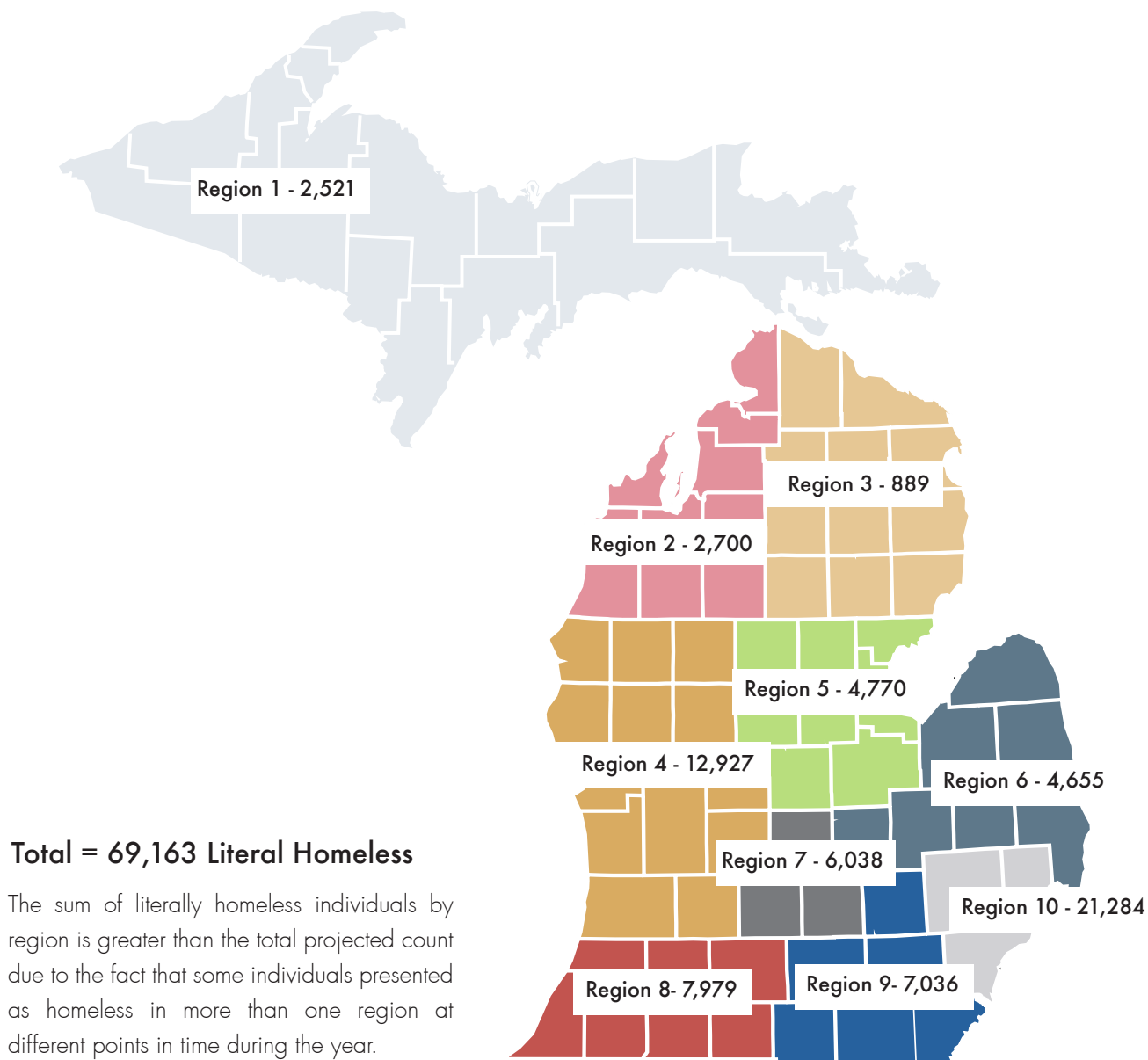|	
Street Outreach	Services provided to people living outside and includes engagement and relationship building, linkages to shelter, housing resources, food, benefits, healthcare and behavioral health services.
Emergency Shelter	Short-term sheltering within the following models: hotel/motel placements; congregate living; and scattered site where households are sheltered in shared apartments.
Transitional Housing	Long-term sheltering for up to 24 months. Households live in either congregate settings or individual units that are master-leased by an agency.
Rapid Rehousing	Short-term rental assistance and support services to quickly house the homeless. The lease is between the landlord and the household and rapid transition to self-sufficiency is the key focus.
Permanent Supportive Housing	Permanent rental subsidy with intensive supportive services for special populations. The majority of the people served in permanent supportive housing have disabilities and experienced chronic homelessness.
Housing Voucher Program	Permanent rental subsidy without any services. These resources are HUD funded and administered by public housing authorities in Michigan. Homeless preferences are utilized to leverage this mainstream resource.

FACTS ABOUT
HOMELESSNESS IN MICHIGAN IN 2015

1 **41% of those that experienced literal homelessness did so for the first time.**
20% were second-time homeless and for the remaining 39%, this was their third or more time experiencing homelessness.

2 **Families with children make up half of the homeless population.**
These households are typically young women with young children.

3 **Youth homelessness is connected to family conflict, abuse and neglect, and discrimination based on LGBTQ identity.**
Poverty, coupled with a loss of family relationships or family violence, are the key factors for why youth end up on the streets.

4 **Homelessness affects African–Americans disproportionately.**
- 56% of all homeless persons were minorities
- 53% of those were African–American, yet African–Americans are only 14% of Michigan's total population
- 56% of all homeless seniors are African–American
- 61% of seniors experiencing chronic homelessness are African–American

5 **The most common disabilities reported among the chronic homeless population are:**
- Mental health (71%)
- Substance use disorders (39%)
- Physical disabilities with chronic health conditions (33%)

6 **56% of the single homeless adults have a mental health condition.**
Single adults experiencing homelessness tend to be very poor, older, and largely male, and are very likely to have a disability.

7 **The senior homeless population continues to grow significantly each year.**
- There was a 13% increase from 2013-2014 and a 9% increase from 2014-2015
- 68% of seniors experiencing homelessness have a documented disability
- 15% of the senior homeless population was age 65 or older
- 17% of seniors qualified as chronically homeless
- Among chronically homeless seniors, half confirmed significant health issues

REDUCING MICHIGAN'S
HOMELESS POPULATION

6% Decrease

In 2015, there were an estimated 69,163 literally homeless individuals in the State of Michigan. This number reflects a 6% decrease statewide from 2014. The map below represents the total projected number of literally homeless by region, this includes any individual or family whose primary nighttime residence is a public or private place not meant for human habitation; or who is living in a shelter; on the streets; or is exiting an institution where s/he has resided for less than 90 days.

Regional Numbers of the Total Literal Homeless Population Count in Michigan

Region 1 - 2,521

Region 3 - 889

Region 2 - 2,700

Region 5 - 4,770

Region 4 - 12,927

Region 6 - 4,655

Region 7 - 6,038

Region 10 - 21,284

Region 8 - 7,979

Region 9 - 7,036

Total = 69,163 Literal Homeless

The sum of literally homeless individuals by region is greater than the total projected count due to the fact that some individuals presented as homeless in more than one region at different points in time during the year.

VETERANS
AND HOMELESSNESS

15%
Decrease

★ The total number of literally homeless veterans counted in 2015 (4,033) decreased 15% from 2014 (4,729).

★ During 2015, Michigan housed 2,785 veterans using a mix of case management, housing stabilization, transitional housing, and short-or-long term rental vouchers. The average length of time to housing was 121 days for veterans experiencing homelessness.

★ Veterans seeking services were predominantly male (86%).

★ Female veterans seeking services tended to be younger than their male counterparts. The average age of female veterans was 41 years; while the average age of male veterans was 50 years. More than 40% of all veterans seeking services were senior citizens (age 55+).

★ Veterans had a higher rate of education beyond high school: 42% (veterans) vs. 28% (civilian homeless).

★ Many veterans seeking services had disabilities at an even higher rate than civilian homeless: 65% (veterans) vs. 37% (civilian homeless). The most common disabilities reported were mental health (55%), medical (52%), and substance abuse (33%).

★ Veterans had a higher average monthly income at program entry than their civilian counterparts: $1,089 (veterans) vs $683 (civilian homeless). In many cases, income was still insufficient to sustain stable housing.

CHRONIC HOMELESSNESS
IN MICHIGAN

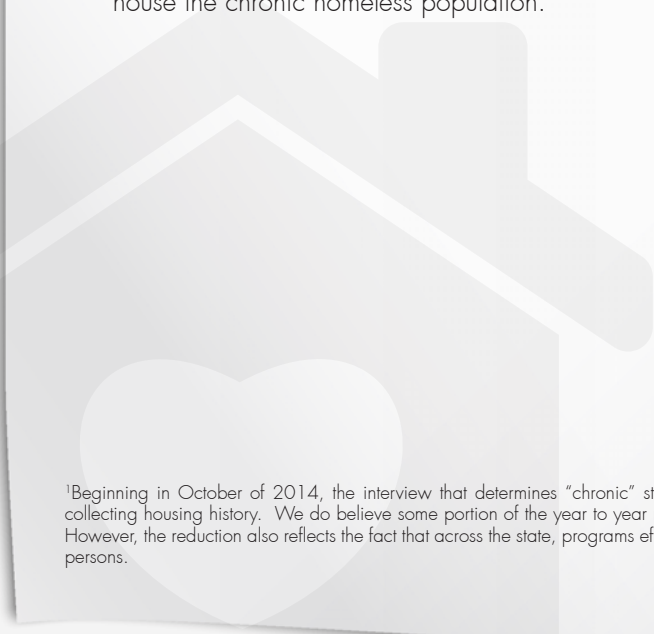## Chronic homelessness means individuals have:

- Documented disability and

- Experienced homelessness 4 or more times in the last 3 years with total time at least 12 months, or

- Been continuously homeless for at least 12 months.

Between 2014 and 2015, the total number of chronically homeless declined from 10,330 to 6,675 (35%).

While some of this change resulted from improved interview processes, projects across the state retooled to house the most vulnerable and it had an impact.[1]

The decrease in chronic homelessness occurred based on the following reasons:

- Fewer people were identified as chronic due to improved assessment and documentation processes.

- During 2015, local homeless service systems known as Continuums of Care prioritized housing those clients that met the definition of chronic homeless.

- Permanent Supportive Housing resources increased, creating greater opportunity to house the chronic homeless population.

[1]Beginning in October of 2014, the interview that determines "chronic" status was restructured to remove issues identified in collecting housing history. We do believe some portion of the year to year reduction was accounted through a better interview. However, the reduction also reflects the fact that across the state, programs effectively prioritized and housed chronically homeless persons.

WHY A DECLINE
IN HOMELESSNESS IN MICHIGAN

Investing In Housing

Michigan has made permanent housing a priority for individuals and families experiencing homelessness. As part of this process, many communities reduced their "transitional" shelter beds in order to increase rapid re-housing, using short-term housing vouchers. This decline in homelessness was reflected in the decreased number of people receiving services. The one exception was rapid re-housing projects, where there was a relatively significant increase in the number of people served.

Project Type	# of People who received services 2014	# People who received services 2015	Difference Year to Year (+/-)
Street Outreach	6,660	5,430	-1,230
Emergency Shelter	31,763	30,100	-1,663
Transitional Housing	5,007	4,673	-334
Rapid Re-housing	8,050	9,471	+1,421

Partnerships Between Shelter Services and Housing Programs

While providers changed their focus to housing solutions, efforts were made to preserve access to the most basic crisis response – short-term emergency shelters to ensure coordination of emergency care and rapid re-housing. The chart below provides data on the availability of homeless sheltering and re-housing options from 2015 through 2016.

Project Type	2014/15 Year-Round Beds	2015/16 Year-Round Beds	Difference Year to Year (+/-)
Emergency Shelter	5,634	5,583	-51
Transitional Housing	4,622	3,819	-803
Rapid Re-housing	1,729	2,093	+364
Permanent Supportive Housing	8,026	10,085	+2,059

## Building Coordinated Entry through Housing First Practices

Since 2014, the Michigan State Housing Development Authority and Michigan Department of Health and Human Services implemented the Service Prioritization Decision Assistance Tool created by OrgCode Consulting, Inc. The implementation took place across all statewide homeless programs in an effort to provide one assessment tool to support housing services. The tool has enhanced homeless services and improved coordinated entry in the Continuums of Care within Michigan by providing the following:

• Prioritization of services based on need

• Identify support needed to maintain stable housing

• Assess ongoing housing stabilization through housing case management

• Increase engagement with housing the chronic population and those with the highest needs due to identifying their acuity

• Understand the impact associated with unresolved homelessness in connection with the overuse of emergency services

EMERGENCY SERVICES
USED BY HOMELESS INDIVIDUALS

In addition to experiencing homelessness, 13,420 individuals reported on their use of a variety of emergency services six months prior to entering the homeless delivery systems in 2015. This data was collected through assessment interviews.
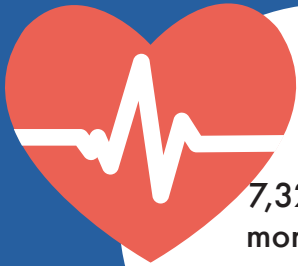
7,326 people had more than 25,025 ER visits

3,611 people had more than 9,439 ambulance rides
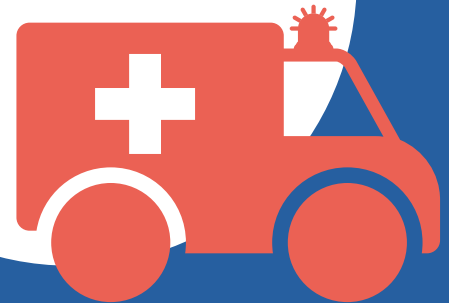
3,152 people had more than 8,093 contacts with crisis services; including distress and suicide prevention centers

4,461 people had more than 10,261 interactions with police

3,476 people had more than 7,776 hospital visits

LOOKING AT THE OUTCOMES
OF HOMELESS SERVICES & HOUSING PROGRAMS

Last year, **34,040 people exited the homeless service system to stable housing.** This included people living on the streets, in shelter and transitional housing programs, as well as those who were imminently at risk of losing housing.

System Performance

Year	% Discharged to Housing or Retained Housing All Programs	Increased in Earned Income (At Exit)	Increased in Other (Non-Earned) Income (At Exit)	Average Time to Successfully House Individuals via Rapid Rehousing	% of Rapid Re-housing Clients who were Discharged to Stable Housing	% of Permanent Supportive Housing Clients who Retained Housing	% of Clients who Returned to Shelter After Receiving Housing Vouchers	% of Clients who Returned to Shelter after Receiving Basic Crisis Intervention Services
Programs	All Programs including Prevention	All HUD Projects	All HUD Funded Projects	Rapid Re-housing	Rapid Re-housing	Permanent Supportive Housing	All Housing Voucher Programs	Programs Offering Shelter and/or Housing Stabilization Services
2013	64%	18%	22%	92 Days	70%	92%	18%	24%
2014	63%	18%	22%	80 Days	73%	96%	13%	24%
2015	59%	17%	21%	77 Days	81%	89%	8%	16%

Abbreviations Used in Table

HUD Funded Projects = Include Rapid Re-housing, Permanent Supportive Housing, Transitional Housing, and some Supportive Services for housing projects.

Housing Voucher Programs = Include Rapid Re-housing, Permanent Supportive Housing (requiring a disability), Permanent Housing with Services (no disability required), and Permanent Housing (Housing Only) Programs

Statewide Outcomes Summary

1. Overall housing rate for all participating programs, including prevention, has declined somewhat in the last three years. This is largely due to implementing a statewide prioritization process that focused vouchers and other financial benefits on the hardest to serve. Additionally, the cost of housing, especially rental housing, has risen as Michigan's economy has improved.

2. Earned income has been largely flat across the last three years. Even though Michigan's economy has been improving, those clients served by HUD–funded services prioritize only the hardest to serve: those with significant disabilities and other risk factors such as no work history.

3. Income from sources other than employment have also remained flat. This data does not reflect the many homeless individuals who received Medicaid through the Affordable Care Act, but does reflect those homeless with significant long–standing disabilities that make employment very difficult and have qualified for SSI/SSDI. In 2015, 17,729 persons received health insurance through Medicaid, a 36% increase over 2014.

4. During the last three years, Michigan has retooled its homeless services system with a focus away from transitional housing toward permanent housing. To that end, the number of short (RRH) and long (PSH) term rental vouchers has increased.

5. 2013-2015 there was continued improvement in the performance outcomes related to rapid re-housing prioritized homeless households, including decreased time to housing and an increase in the percentage of clients discharged to stable housing. These notable improvements, even while prioritizing those hardest to serve, are the result of a number of factors including: an increase in rapid re-housing resources, increased case management, staff working diligently to match clients to the correct housing units, and overall improvement in landlord-tenant relationships.

6. Retention rates as measured by those who stayed in housing six months or more dropped in Permanent Supportive Housing. There were more households entering services with higher needs due to prioritizing chronic homelessness. These households require significant case management resources to sustain housing as they work through long standing physical and emotional issues.

7. Finally, while all housing/rental vouchers have very low return to homelessness rates many households do not qualify for these deeper resources. Projects across the state offer a mix of case management and landlord intervention services that address those issues that create housing risk. These non-financial services are successful in preventing persons from returning to homelessness.

OTHER PROGRAM HIGHLIGHTS
CONNECTED TO ENDING HOMELESSNESS

Domestic and sexual violence service agencies provide critical interventions to keep people safe.

During 2015 the domestic violence comprehensive service programs **provided 276,621 nights of shelter to 10,156 women, men and children.**

The Michigan Department of Education McKinney-Vento Homeless Assistance Act ensures the rights of homeless children and youth.

- Right to immediate enrollment in school even when records not present
- Right to remain in the school of origin, if in the student's best interest and within parental wishes
- Right to receive transportation to the school of origin, if in the student's best educational interests
- Support for academic success
- Free school meals and snacks

In 2015, the program **served 43,884 students who were at risk of becoming homeless or were homeless.**

Seventy percent were in shared/doubled up housing; 22% were residing in shelters; 5% were staying in hotels/motels; and 2% were unsheltered.

SSI/SSDI Outreach, Access, and Recovery (SOAR) is a program that increases access to SSI/SSDI. Individuals who are disabled and experiencing homelessness or are at risk of homelessness may be helped by SOAR.

SOAR in Michigan **achieved a 70% approval rating when assisting veterans in obtaining disability benefits.**

THE DATA

Robust Data Collection: The Michigan Statewide Homeless Management Information System

The primary tool used for the collection of homeless information is the Michigan Statewide Homeless Management Information System administered by the Michigan Coalition Against Homelessness in partnership with Michigan State Housing Development Authority. This data system is robust and unique when compared with other states given all Michigan Continuums of Care enter data on one system. The coverage rate in 2015 was 83%, which is the percentage of the total homeless population captured in the Michigan Statewide Homeless Management Information System. Due to federal regulations, domestic violence shelters are not permitted to enter data, but over five hundred homeless service agencies enter data throughout the year and includes coverage in all eighty-three counties in Michigan. Through the use of one data system Michigan is able to research statewide aggregate data while standardizing key coordinated entry processes.

The Point-in-Time Count: A Snapshot of Homelessness on One Night

The US Interagency Council on Homelessness and other researchers often publish data generated through HUD's bi-annual Point-in-Time Count of the homeless. The Point-in-Time Count is conducted during the last week of January each year. Michigan also publishes data based on the Michigan Statewide Homeless Management Information System that provides an annualized count of those who are homeless in the state. While the two data sets do overlap, they are not the same. Key differences are described below:

- The US Interagency Council on Homelessness Study data, based on the Point-in-Time Count, is a snapshot of those who are literally homeless in shelter or on the street on one night.

- The Michigan Statewide Homeless Management Information System collects data from nearly 600 agencies that serve the homeless statewide. This Annual Report reflects data on all the homeless served by providers throughout the year.

- In addition to using data for that night provided by Michigan Statewide Homeless Management Information System participating shelters, the Point-in-Time Count also includes data from those homeless shelters that do not participate with this data system, primarily Domestic Violence shelters, and those living on the street not counted through other programs.

- The Annual Report uses Point-in-Time Count data to estimate the percentage of the total homeless persons counted in the Michigan Statewide Homeless Management Information System. During 2015, the Michigan Statewide Homeless Management Information System estimate of total persons covered in the system (coverage) was 83%. That percentile was used to calculate a "projected total" count presented in this report.

On January 27, 2015, Point-in-Time Count data indicated that there was a 14% decline in the "Unsheltered (street) Homeless" from the 2014 count.[1] This finding is further evidence of the decline noted in the overall literally homeless count.

MICHIGAN HOMELESS DEMOGRAPHICS SUMMARY
PERSONS EXPERIENCING HOMELESSNESS (CALENDAR YEAR 2015)

Client Characteristics (HMIS Data Only)	Adults in Families	Children in Families	Single Adults	Unaccompanied Youth
Total in HMIS accounting for 83% of overall homeless	20,180 Adults in 17,246 HH	23,700	42,297	1,265
Male	26%	50%	61%	41%
Female	74%	50%	39%	59%
Age 0 to 4	NA	36%	NA	NA
Age 5 to 10	NA	35%	NA	NA
Age 11 to 17	NA	29%	NA	100%
Age 18 to 34	60%	NA	34%	NA
Age 35 to 54	35%	NA	45%	NA
Age 55+	5%	NA	21%	NA
Average age adults	33	7	42	16
White	46%	39%	45%	45%
African–American	51%	58%	52%	51%
Other race	3%	3%	3%	4%
Working poor at intake	21%	NA	9%	NA
Average income at intake	$746	NA	$668	NA
Disability of long duration	17% MH-50% Medical-30% Sub Ab.-6%	9% Devel-47% MH-34% Medical-34%	56% MH-68% Medical-34% Subst Ab-33%	27% MH-85% Medical-12% Devel-18%
First-time literally homeless (Adults)	34%	35%	37%	33%
Dropped out of school prior to high school diploma and did not earn a GED	28%	NA	28%	NA
GED or high school diploma (no college)	43%	NA	45%	NA
At least some college or technical school	28%	NA	27%	NA

*The questions used to collect this information changed with the 2014 Data Standard. With regard to employment, HUD required a certification and therefore the number identified substantially changed. With regard to first-time homeless, HUD simply clarified the definition resulting in more comparable results.

Sub Populations

Overall Homeless	Chronically Homeless	Veterans	Seniors
82,952	6,675	5,291	9,724 976 -in Family
51%	65%	86%	71%
49%	35%	14%	29%
10%	NA	NA	NA
10%	0%	NA	NA
9%	1%	NA	NA
32%	26%	18%	NA
30%	50%	42%	NA
12%	24%	40%	100%
30	44	49	60
44%	42%	51%	42%
53%	55%	46%	55%
3%	3%	3%	3%
12%	8%	9%	7%
$668	$883	$1089	$897
37% MH-64% Medical-33% Subst Ab-27%	100% MH-71% Subst Ab-39% Medical-33%	65% MH-55% Medical-52% Subst Ab-33%	68% MH-55% Medical-50% Subst Ab-33%
36%	NA	33%	35%
28%	32%	8%	23%
44%	42%	50%	45%
28%	26%	42%	32%

MSHDA
50 years
MICHIGAN STATE HOUSING
DEVELOPMENT AUTHORITY

Michigan
Department of
Corrections

DEPARTMENT OF NATURAL RESOURCES
DNR
MICHIGAN

MDHHS
Michigan Department of Health & Human Services

DTMB TECHNOLOGY,
MANAGEMENT AND BUDGET

MICHIGAN
Department of Education

MICHIGAN VETERANS
AFFAIRS AGENCY

MCAH
MICHIGAN COALITION
AGAINST HOMELESSNESS

CSH
The Source for
Housing Solutions

mlpp
MICHIGAN LEAGUE FOR PUBLIC POLICY

Michigan
Community Action
Agency

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DETROIT VA HEALTHCARE SYSTEM

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Data is gathered from the Michigan Statewide Homeless Management Information System (MSHMIS),

thanks to the Michigan Coalition Against Homelessness (MCAH) and the Michigan State Housing Development Authority (MSHDA).

MK160504-136